

LARC ICD-10 Coding Reference

Basic Implant Codes

ICD-10 Codes – Implant		CPT Procedure Codes	HCPCSII/J Code
Z30.017	Encounter for initial prescription of Etonogestrel contraceptive implant system	11981 - insertion	J7307
Z30.46	Encounter for surveillance of implantable subdermal contraceptive (includes removal, checking, reinsertion of Nexplanon)	11982 – removal 11983 – removal + reinsertion	J7307
Z32.02	Pregnancy test/exam – negative	81025 (Urine pregnancy test)	*Don't forget to bill for the point-of-care office pregnancy test (when conducted)

Basic IUD Codes

ICD-10 Codes - IUDs		CPT Procedure Code	HCPCSII/J Code
Z30.014	Encounter for initial prescription of IUD (Used when an IUD insertion kit must be ordered before placement. Not coded on the day of the actual insertion)		
Z30.430	Encounter for insertion of IUD	58300	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Z30.431	Follow-up for patient with IUD or Routine checking for IUD		
Z30.432	Encounter for removal of IUD	58301	
Z30.433	Encounter for removal + reinsertion of IUD	58300 AND 58301-51* OR 58301-59* (Check with payer for expected modifier.) Append modifier -51 or -59 to the lesser paying service. Reimbursement for IUD insertion is always higher than IUD removal, so 58300 should go first	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Z32.02	Pregnancy test/exam – negative	81025 (Urine pregnancy test)	*Don't forget to bill for the point-of-care office pregnancy test (when conducted)

LARC Quick Coding Guide Supplement

Coding Complex Cases (IUDs) with ICD-10

Clinical scenario	ICD-10 Codes		CPT Procedure Code	HCPSCII/J Code
Failed insertion/ discontinued procedure	Z30.430 AND <Co-occurring complication which caused failed/ discontinued procedure>	Encounter for insertion of IUD *Document reason for failed/stopped procedure with appropriate ICD-10 codes.	58300-52* or -53* *NOTE: Use modifier -52 (Failed Procedure) to denote that you attempted insertion, but the procedure was incomplete due to anatomical factors (e.g. Stenosis) or -53 (Discontinued Procedure) to indicate that you had to stop because of concerns for patient well-being (e.g. vaso-vagal, severe pain).	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Perforation (during insertion procedure)	Z30.430 T83.39XA T83.39XD T83.39XS	Encounter for insertion of IUD Other mechanical complication of IUD, initial encounter Subsequent encounter Sequela	58300-53 *Use modifier -53 if procedure was discontinued due to perforation.	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Difficult insertion with ultrasound guidance	Z30.430 AND <Co-occurring complication justifying ultrasound>	Encounter for insertion of IUD	58300-22 *Document the reason for additional work. 76998 (Ultrasonic guidance, intraoperative) *Document the justification for ultrasonic guidance (e.g. patient in severe pain).	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301

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Clinical scenario	ICD-10 Codes		CPT Procedure Code	HCPCSII/J Code
Difficult insertion with ultrasound used to confirm the location of the IUD	Z30.430 <Co-occurring complication justifying ultrasound>	Encounter for insertion of IUD *Document complication with appropriate ICD-10 codes.	58300-22 *Document the reason for additional work. 76857 Ultrasound, pelvic [nonobstetric], real time with image documentation; limited or follow-up -or - 76830 Ultrasound, transvaginal *NOTE: It is not routine practice to use ultrasound to confirm placement. You must document justification for ultrasonography (e.g. Uterine perforation, severe pain).	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Missing strings or malposition, with ultrasound to locate	T83.32XA AND either Z30.431 OR Z30.432	Displacement of IUD - initial encounter	76857 Ultrasound, pelvic, limited or follow-up - OR - 76830 Ultrasound, transvaginal NOTE: The term “missing strings” is not a part of the ICD-10 description of T83.32XA.	
	Z30.431	Follow-up for patient with IUD (if patient wants to keep IUD)		
	Z30.432	Encounter for IUD removal (if patient desires removal)	58301 or 58301-22 *NOTE: You may append modifier -22 if the removal was complicated. Supporting documentation may be requested by a payer. If the string is easily located in the canal, -22 modifier should <i>not</i> be added. It should be appended only if it is a very difficult extraction and is separately documented with the claim.	

[illegible]

Common LARC Modifiers

Modifier	Definition	Possible Clinical Scenarios	Documentation in Medical Record or on the Claim
-22	Increased procedural services	- Complex or difficult insertion - Unsuccessful insertion, followed by successful insertion during the same surgical session	In the medical record and in the claim, document: - Total time of the procedure as compared with typical duration - Reason for the additional work required - Include diagnoses with appropriate ICD-10 codes or simple descriptive diagnoses that explain the reasons for the added difficulty
-25	Significant, separately identifiable E/M service	The patient is seen for contraceptive counseling, a well woman visit, an STD check, a pregnancy test, or another reason. She chooses an IUD or implant, which is placed at that visit.	- Select an E/M code based on face-to-face time spent with the patient, but excluding the time needed for the IUD or implant placement - Document in the patient's medical record that at least 50% of the non-procedure time was spent in counseling - The -25 modifier is appended to the E/M code, NOT the CPT code
-51*	Multiple procedures performed on the same day, during the same session	- Removal of IUD and insertion of new IUD on the same day - Removal of implant and insertion of IUD on the same day - Removal of IUD and insertion of implant on the same day	- The claim should support the reasons for removal and reinsertion on the same day (e.g. IUD expired, desired to continue with same method) - Append modifier -51 to the lesser paying service.
-52	Failed procedure	Provider couldn't complete procedure for anatomic reasons (e.g. stenosis)	In medical record and on the claim, document reasons for procedure failure (e.g. N88.2 Stricture/ stenosis of cervix)
-53	Discontinued procedure	- Provider couldn't complete procedure due to concerns for patient well-being - Severe pain - Vasovagal - Patient changed mind during procedure	In medical record and on the claim, document - Which work was actually performed - The reason the procedure was terminated (e.g. R55 Syncope/ vasovagal)
-59*	Distinct procedural service	- Removal of IUD and insertion of new IUD on the same day - Removal of implant and insertion of IUD on the same day	- The claim should support the reasons for removal and reinsertion on the same day (e.g. IUD expired, desired to continue with same method) - Append modifier -59 to the lesser paying service.
-76 -77	Repeat procedure -Same provider -Another provider	Successful insertion but the IUD is expelled, followed by repeat insertion	Document reason for repeat procedure (e.g. IUD was expelled)

* When choosing between modifiers -51 and -59, payer policy may be the determining factor. Some payers will not pay for multiple procedures using modifier -51. **Check with payer.**